For use by recipient committees that have not received any contributions and have not maduring the six-month period covered by a semi-annual statement. Candidate controlled an elective office may not use this form.				Type or print in ink	STATEMENT OF NO ACTIVITY				
					45	Date Stamp	CALI	FORNIA 42	5
					LUS AM	Date Stamp	84	For Official Use Only	se Only
See the Information Manual on Ca information required to be provided				dditional information and	0.0040	1-9 PM 2: 1 AIGN EHNAN 5/23 0	E		
Committee Informati	on	-	IMBER 9723	Treasurer(s)		7,00			
COMMITTEE NAME		1.		NAME OF TREASURER					
Teachers Association of South Pasadena-Speech				Tammy Wong					
		7		MAILING ADDRESS					
STREET ADDRESS (NO P.O. BOX)		·		CITY		STATE	ZIP CODE	AREA CODE/P	HONE
				Monterey Park	1	CA S	91754	(323)253-04	62
CITY		PCODE	AREA CODE/PHONE	NAME OF ASSISTANT TR	EASURER, IF	ANY			
Monterey Park		1754	(323)253-0462		İ				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET	7		MAILING ADDRESS					
CITY	STATE ZII	PCODE	AREA CODE/PHONE	CITY		STATE	ZIP CODE	AREA CODE/P	HONE
OPTIONAL: FAX / E-MAIL ADDRESS twong@spusd.net	3	1		OPTIONAL: FAX/E-MAIL	ADDRESS				
2. Period of No Activity	1	,				1		-	
No contributions have bee		;		, through June 30, 20 $\stackrel{?}{ ext{2}}$	\sim		ough Dec	ember 31, 20 _	
3. Verification		,							
I have used all reasonable true and complete. I certif					best of my	knowledge the	e informatio	n contained her	ein is
Executed on/)ATE	-		By.		R/ASSISTANT T	REASURER		

Type or print in ink

FPPC Form 425 (Jan/01) FPPC Toll-Free Helpline: 866/ASK-FPPC 866/275-3772

STATEMENT OF NO ACTIVITY